



2002

Maine Revenue Services and Maine Department of Labor

020854000

Combined Filing for Income Tax Withholding and Unemployment Contributions

FORM 941/C1-ME LOOSE QUARTER #

Name and Address: _____ _____ _____		Withholding Account No: _____
_____ _____		UC Employer Account No: _____
_____		Mo. Day Year Mo. Day Year
_____		Period Covered: _____

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side) 1 _____
2. Less any semi-weekly payments (From Schedule 1, line 13 on reverse side.
See instructions for Schedule 1 on page 8) 2 _____
3. Income tax withholding due (line 1 minus line 2) 3 _____

OFFICE USE ONLY

Seasonal Code _____

Seasonal Period _____

Part Two - Unemployment Contributions Report

☐ Check if reporting wage listing on
MAGNETIC TAPE or DISKETTE

- | | 1st Month | 2nd Month | 3rd Month |
|---|-----------|-----------|-----------|
| 4. Report the number of covered full-time and part-time workers who worked during
or received pay for the payroll period which included the 12th of the month. If no
employment in the payroll period, enter zero (0) 4 | _____ | _____ | _____ |
| 5. Number of female employees included on line 4. If none, enter zero (0) 5 | _____ | _____ | _____ |
| 6. Total gross reportable wages paid this quarter (from Part Four, line 19a) 6 | _____ | _____ | _____ |
| 7. Deduct excess wages (see instructions on page 7) 7
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE. | _____ | _____ | _____ |
| 8. Taxable wages paid in this quarter (line 6 minus line 7) 8 | _____ | _____ | _____ |
| 9. Contribution rate (If you have been notified that your
rate has changed, enter the new rate in these boxes) 9 | _____ | | |
| 10. Contributions due (line 8 times total rate on line 9) 10 | _____ | | |

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) 11 _____

CANCELLATION NOTICE

Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases.

☐ FINAL

Reason for Cancellation _____

No Longer Have Employees - Effective: _____

Last Payroll Date: _____ Business Sold To: _____

Date Sold: _____

Under penalties of perjury, I certify that the information contained on this return,
report and attachment(s) is true and correct.

Signature _____ Date _____

Title _____ Telephone _____

Rev. 2/02

Make Check Payable to
Treasurer, State of Maine

Mail to:
Maine Revenue Services
P.O. Box 9103
Augusta, ME 04332-9103

Office use only _____

☐ PWD

Reconciliation of 900ME Voucher Payments or EFT Payments of Income Tax Withholding
Schedule 1 (See Instructions) - For employers required to remit withholding taxes on a semi-weekly basis.

Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount

12. Total withholding this quarter (enter here and on line 1)

13. Total semi-weekly payments this quarter (enter here and on line 2)


